

# Amora Hotel Wellington Booking Form



AMORA HOTEL  
WELLINGTON

**NZ Association of Optometrists  
Conference Accommodation Booking Form  
Please arrange for the following  
accommodation:  
Group Code: NZAOFIT**

Guest Name: \_\_\_\_\_

Guest Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

Date of Departure: \_\_\_\_\_

No of Rooms: \_\_\_\_\_

No of Guests per Room: \_\_\_\_\_

**Room Type**

Deluxe Room only at \$210.00 King  Twin

Deluxe Room & Breakfast for one only at \$225.00  
King  Twin

**Credit Card Details**

Credit Card Type: \_\_\_\_\_

Credit Card No: \_\_\_\_\_

Exp: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Please note that the above credit card is only to guarantee this reservation. If this credit card does not belong to the guest and you wish to charge accommodation costs to the above credit card; please contact the hotel for a Credit card Authorisation form. If this guest does not arrive on their reserved arrival date and does not cancel their reservation – we will charge the full accommodation costs to this card and contact you.

Cancellations of reservations must be received by the hotel 72 hours prior to 2pm on your arrival date. Any cancellations received after this time and before the arrival date will result in one night's accommodation.

**Attn: Reservations Department**

**Fax: + 64 4 473 3929**

**Email: [confadmin@wellington.amorahotels.com](mailto:confadmin@wellington.amorahotels.com)**

**Phone Reservations: 0800 655 555 option 1**